



At a Glance

February 26, 2015

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Breaking News

Legislative Update

Wednesday, January 7, marked the opening day of the first session of the 70th General Assembly. Per the Constitution, the Colorado legislature is in session for no more than 120 days, adjourning this year on May 6, 2015

The Department has two bills:

HB15-1079 Teen Pregnancy and Dropout Prevention Program

The bill allows the General Assembly to appropriate general fund moneys to implement and administer the teen pregnancy and dropout prevention program and extends the repeal date of the program from September 1, 2016 to September 1, 2020.

Status: Introduced in the Senate and assigned to the Senate Finance Committee.

HB15-1186 Eliminate the Children with Autism Waitlist

The bill would increase the age for the waiver to 8, guarantee 3 years of services regardless of when a child enrolled, and increase the service cap limit and allow the cap to fluctuate in order to increase provider rates.

Status: Passed out of the House Health, Insurance, and Environment Committee and awaiting a hearing in the House Appropriations Committee.

For more information, please contact [Zach Lynkiewicz](#)

Connect for Health Colorado, Medicaid and Child Health Plan *Plus* Enrollment Update

Between November 15 and February 15, nearly 220,000 Coloradans enrolled in healthcare coverage for 2015, either in Medicaid, Child Health Plan *Plus* (CHP+) or in private health insurance purchased through the state health insurance Marketplace, according to new data released this week by Connect for Health Colorado and the Colorado Department of Health Care Policy and Financing.

For more information, see the [full joint press release](#).

HCPF on Social Media

The Department has launched an official social media presence via Twitter, Facebook, and LinkedIn. We'll be using these channels as an additional way to engage with our varied audiences while echoing the messages of our sister state agencies. Want to join in and help us spread the word? Please Follow HCPF on [Twitter](#) and Like Us on [Facebook](#), and connect with us on [LinkedIn](#).

Increase Enrollment

Partner and Consumer Tax Resources

The Department has posted [Internal Revenue Services \(IRS\) resources](#) online for partners and consumers. The following resources can be found on Colorado.gov/HCPF/ACAResources:

- [How Health Coverage Affects Your 2014 Federal Income Tax Return](#) (Federal HHS Resource)
- [Affordable Care Act Tax Provisions](#) (Federal IRS Resources)
- [3 Tips About Marketplace Coverage and Your Taxes](#) (Federal HHS Resource)
- [Health Care Law: What's New for Individuals and Families](#) (Federal IRS Resource)
- [No Health Coverage? What That Means for Your Taxes](#) (Federal HHS Resource)

Tax Information for Connect for Health Colorado Customers

Connect for Health Colorado has posted important tax filing information for consumers who purchased a plan through the Marketplace. **Marketplace customers will receive a 1095-A form in the mail.** This form is needed for them to file their federal income tax return. All questions regarding the 1095-A form should be directed to the [Connect for Health Colorado](#) Customer Service Center.

You'll find more information on the [Connect for Health Colorado website](#).

Tax Information for Medicaid or Child Health Plan *Plus* Members

Medicaid and Child Health Plan *Plus* (CHP+) members will **not** receive 1095-A forms. The 1095-A form is only for Coloradans who purchased a plan through Connect for Health Colorado. If you were covered for all of 2014 by Medicaid or CHP+, you will simply have to check a box on your tax form saying you were covered. If you were not covered for all of 2014 by Medicaid or CHP+, you may want to [apply for an exemption through the federal government](#) using the [IRS 8965 tax form](#). The Colorado Department of Health Colorado Policy & Financing is not responsible for granting exemptions — requesting an exemption **must** be done through the Internal Revenue Service (IRS).

For more information go to IRS.gov/ACA.

PEAK Resources and Trainings

PEAK resources and training information is now available on the [PEAK Outreach Initiative's Outreach and Training site](#) or tinyurl.com/peakoutreach

The site hosts a variety of outreach and training resources for community partners, including:

- Important PEAK announcements and news
- PEAK View newsletters
- Live webinar and training calendar
- PEAK On-Demand recorded webinars

- PEAK User Guides
- PEAK support call schedule
- PEAK logo usage guidelines and files

The PEAK Outreach Team will continue to distribute the PEAK View newsletter on a monthly basis, but you will also be able to stay up-to-date on PEAK happenings and resource materials through the PEAK Outreach & Training site.

For more information, contact PEAKOutreach@bouldercounty.org.

Improve Health Outcomes

School-Based Health Center Improvement Project Final Report

The [final report of the School-Based Health Center Improvement Project](#) (SHCIP) is now available. The report summarizes the purpose, methods, findings, and policy recommendations of this five-year, \$7.8 million demonstration project. The SHCIP team has worked closely with 22 School Based Health Centers (SBHCs) in Colorado and New Mexico to demonstrate that SBHCs can effectively participate in the medical home model of care, to demonstrate some strategies for continuous quality improvement of care in SBHCs, and to further SBHCs' ability to engage youth ages 10 to 18 in their own care.

The Department has developed data and findings that lead to important policy recommendations for the Centers for Medicare and Medicaid Services (CMS), Medicaid programs, health departments, insurance plans, and provider systems. The policy recommendations are summarized on pages 64 and 65. The project was funded by the CMS as directed by Congress in the Children's Health Insurance Program Reauthorization Act.

Open Enrollment for FMS providers for clients receiving Consumer-Directed Attendant Support Services

The Open Enrollment period for Consumer-Directed Attendant Support Services (CDASS) clients and authorized representatives to change their selection of Financial Management Services (FMS) vendors and/or FMS employer models is January 1 – June 30, 2015.

If a client or authorized representative requests a change after January 1, 2015, the case manager should notify the existing FMS and, if applicable, the new FMS using the enrollment form. The case manager will need to update the Prior Authorizations Request (PAR) if the model is changing. The PAR changes should not be communicated directly to the Department.

The timelines for open enrollment from Agency with Choice (AwC) to AwC or AwC to Fiscal/Employer Agent (F/EA) are below. These timelines are depending on the client or authorized representative submitting the necessary paperwork to the FMS vendor:

1. Selections made and information submitted prior to the 15th of the month will be effective the 1st of the following month. For example, selections made January 1 – 15 will be effective February 1.
2. Selections made and information submitted on or after the 16th of the month will be effective the 1st of the next month. For example, selections made January 16 – 31 will be effective March 1.

For F/EA to F/EA the timelines will be effective the first of the quarter. Additional information will be made available in the future.

For more information, contact [Kelly Jepson](#).

Intent to Submit an Application to Extend Colorado's Title XXI Section 1115 Demonstration Project

In April 2015, the Department intends to submit an application to extend Colorado's title XXI section 1115 demonstration project No. 21-W-00014/8. Under this project, Colorado expanded the income eligibility level for uninsured pregnant women from 200 percent of the federal poverty level (FPL) through 250 percent of the FPL.¹

The demonstration has three main objectives:

- Decrease the uninsured rate for pregnant women
- Increase prenatal and postpartum care for pregnant women enrolled in the demonstration
- Increase the number of healthy babies born to pregnant women enrolled in the demonstration

The application will request an extension of the federal authority for Colorado to continue to receive title XXI funds for pregnant women with income from 142 percent of the FPL through 195 percent of the FPL through September 30, 2019. During this timeframe, Colorado will continue to reach out to, enroll and provide prenatal and postpartum care to eligible pregnant women from 142 percent of the FPL through 260 percent of the FPL to achieve the objectives of this program.²

There will be two meetings for public comment regarding the application.

- March 10, 2015 from 1:30 p.m. to 2:00 p.m.
Colorado Access
10065 East Harvard Avenue, 6th Floor Conference Room
Denver, CO 80231
- March 16, 2015 from 9:00 a.m. to 9:30 a.m.
Colorado Department of Health Care Policy and Financing
303 E. 17th Avenue, 7th Floor, Conference Room 7B
Denver, CO 80203
Call-In Information:
Denver metro area: 720-279-0026
Out of Denver metro area: 1-877-820-7831
Participant Code 118721#

The [full public notice](#) will be posted on March 10, 2015.

Learn more about the [Section 1115 demonstration program](#).

Send written comments to:

Colorado Department of Health Care Policy & Financing
Attn: CHP+ 1115 Prenatal Waiver Application
1570 Grant Street
Denver, CO 80203-1818
or email [Allison Heyne](#).

1The federal poverty levels listed in this paragraph are pre-MAGI converted levels.

2 The federal poverty levels listed in this paragraph are post-MAGI converted levels.

Data Collection Study

The Department has begun preparing for the 2015 Healthcare Effectiveness Data and Information Set (HEDIS®) data collection study. The Department has contracted with Health Services Advisory Group, Inc. (HSAG), to conduct this study.

Beginning in February, Guardian Angel Consulting will be contacting providers to collect the necessary medical records. It is critical to the success of the study that providers respond with the requested information as soon as possible.

Obtaining a signed release form from the member is not necessary; by signing the client's Medicaid application, the member has already agreed to medical record access. In addition, the provider contract/agreement with the Department contains a statement allowing the Department and its designees access to the medical records of Medicaid members. The Code of Colorado Regulations allows the Department or its designees to obtain copies of medical records "at the expense of the provider"; therefore, reimbursement to the provider or to vendors photocopying medical records is not offered.

If you receive a medical record request, you must send your charts to Guardian Angel Consulting prior to the **May 9, 2015, deadline**. Please do **not** send charts to Guardian Angel Consulting after this date, as they will not be included in the study. Thank you for your cooperation towards the success of this project.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

If you have any questions about the 2015 HEDIS data collection study, please contact [Rachel Henrichs](#), HSAG project coordinator, at 303-755-1912, or [Russell Kennedy](#), at 303-866-3340.

Benefits Collaborative Stakeholder Meetings

The Department has opened a 45 day public comment period regarding the proposed Wheelchair Services Benefit Coverage Standard and a 30 day public comment period regarding possible revisions to the DME Oxygen Benefit Coverage Standard. During this time, the public is welcome to [read the standards](#) and to submit recommended changes.

Comments may be addressed to:

Kimberley Smith

Department of Health Care Policy and Financing

1570 Grant Street

Denver, CO 80203



or emailed to: BenefitsCollaborative@state.co.us

All comments received by the end of each public comment period will be reviewed by the Department to assist in the determination of what changes to incorporate into the documents.

For more information, contact BenefitsCollaborative@state.co.us.

Colorado Medicaid Dental Program Updates

Adult Dental Program Benefits – Rules and Regulations Update

The Department presented its revisions to the Adult Dental Services rule for the [Medical Services Board](#) (MSB) for initial approval at the hearing on February 13, 2015. It was passed by the Board and will be on the schedule for final approval at the next MSB meeting on March 13, 2015. The Department would like to thank all the stakeholders who contributed their time and expertise in assisting the Department with the revisions to the Adult Dental Services rule and the improvements it will bring to the administration of the Medicaid dental program.

Non-Citizens and Emergency Dental Services

Non-citizen clients are **only** eligible for emergency treatment if the client presents with an acute oral cavity condition that requires hospitalization and/or immediate surgical care. Only the most limited service(s) needed to correct the emergency oral cavity condition(s) are allowed. Non-citizens are not eligible for any other dental services under any circumstances, and coverage does not include follow-up care. Please refer to the [DentaQuest Office Reference Manual](#) regarding “Emergency Treatment for Oral Cavity Conditions Adults” for more guidance, including the “Code Table for Adult Emergency Treatment of Oral Cavity Conditions”.

Benefit Administration Transition to DentaQuest

As the Department’s dental Administrative Services Organization (ASO) for the State, DentaQuest is responsible for managing the Medicaid adult and children’s dental benefit programs. Medicaid members can reach DentaQuest’s Member Services at 1-855-225-1729 (TTY 711), Monday – Friday between 7:30 a.m. – 5:00 p.m. Mountain Time or visit their website at www.DentaQuest.com for assistance with your Medicaid dental questions.

Providers can contact DentaQuest’s Provider Services at 1-855-225-1731 (TTY 711) for assistance or they can visit DentaQuest’s [Providers website](#).

Save the Date: Colorado Indigent Care Program Executive Forum

Last fall, the Department held a Colorado Indigent Care Program (CICP) Executive Forum to discuss how the Medicaid expansion impacted the number of CICP clients served and to discuss possible policy changes for the future.

The Department plans to hold the third CICP Executive Forum on March 26, 2015 from 9:00 a.m. - 11:00 a.m. Discussions will include:

- Update on CICP funding and clients served
- Status of policy changes posed at the September 2014 Executive Forum
- CICP Stakeholder Forum updates

- Reinstating the CICP policy found under Article IV, section 4.04 (4), limiting services for clients with Health Maintenance Organizations (HMOs) to services not available within the HMO
- Other possible CICP eligibility changes (such as requiring the use of private health insurance to qualify for CICP)
- Raising the income threshold for client eligibility to 400 percent of the federal poverty level (FPL)
- Exchange ideas on potentially restructuring the CICP financing to possibly reimburse providers through a competitive grant program
- Creating a Medicaid buy-in program for CICP clients
- Creating a private health insurance buy-in program for CICP clients

Materials and the final agenda will be forthcoming.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify [Cynthia Miley](#) or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

Home Modification Stakeholder Workgroup

The Department has partnered with the Department of Local Affairs' (DOLA) Division of Housing to increase the quality of the home modification benefit provided to clients. The next six months will be a transition period during which both the Department and DOLA will be soliciting input on proposed changes to oversight of the home modification benefit.

The Department and DOLA will be co-facilitating a series of stakeholder workgroups for the home modification benefit every fourth Thursday, 10:00 a.m. – 12:00 p.m., at 303 E. 17th Ave, Denver, Room 7AB.

To participate by phone, call:

Local: 720-279-0026

Toll Free: 1-877-820-7831

Participant code: 516148#

We welcome participation from all groups involved in the home modification process, including clients, Occupational Therapists and Physical Therapists, case managers, contractors and local building code officials.

For more information, contact [Diane Byrne](#).

Contain Costs

Accountable Care Collaborative Update

The Accountable Care Collaborative (ACC) Program represents a committed effort to transform the Medicaid program into a system of better care for all its members, and to lower costs for the State of Colorado.

Estimated ACC enrollment as of February 1, 2015 was 792,914.

Medicaid Fraud Control Unit Prosecutes Fraudulent Home Health Provider

On January 16, 2015, Donna F. Everly was found guilty by a jury of her peers to three counts of Theft, a class four felony, and 133 counts of Forgery, a class five felony. El Paso County District Judge Michael McHenry read the 136 jury verdicts in open court on January 16, 2015. Sentencing has been scheduled for March 17, 2015 at 9:30 a.m. in El Paso County District Court.

Donna F. Everly, a Registered Nurse, submitted false medical records, timesheets, and billing statements in order to obtain payments from Colorado Medicaid in 2008, 2009, 2010. Acting upon a referral from the Department of Health Care Policy and Financing, the Medicaid Fraud Control Unit found that Ms. Everly billed for home health services and care of medically fragile children in Colorado while she and her Co-Defendant, Phillip Hyland, were outside of Colorado and could not have provided services.

For information on how to report suspect provide fraud visit the Department's [How to Report Suspected Fraud page](#).

Medical Services Board

Medical Service Board Member Recruitment

The charge of the Medical Services Board (Board) is to adopt the rules that govern the Department of Health Care Policy and Financing programs. The Board consists of eleven members who are appointed by the Governor and confirmed by the Senate.

The Board is currently seeking applications for a vacant position and is always looking to expand its pool of applicants for consideration. Coloradans who meet the general requirements outlined below are strongly encouraged to submit an application through the [Governor's Office of Board and Commissions](#). All applications are kept on file in the Governor's Office for two years from the date of submission.

Pursuant to §§25.5-1-301 through 25.5-1-303, C.R.S. general requirements for Board membership include:

- Board members must have knowledge of medical assistance programs;
- Board members may include a person or persons who have received services through programs administered by the Department
- No more than six members can be of the same political party
- At least one member shall be appointed from each congressional district
- Membership shall include representation by at least one member who is a person with a disability, a family member of a person with a disability, or a member of an advocacy group for persons with disabilities, provided that the other requirements are met.

Board members do not receive compensation for their service but are reimbursed for reasonable and necessary actual expenses incurred in the performance of their official duties. Board meetings occur on the second Friday of each month and begin at 9:00 a.m. The duration of meetings varies based on the number of rules, length of presentations, length of discussion, public testimony, and other factors. On average most meetings last until around noon. Meeting materials are made available to members one week prior to the meeting and it is expected that

members will devote sufficient time to reviewing this information and that every effort will be made to attend meetings.

General information, current member information, past meeting agendas, draft rules, meeting recordings and presentations are accessible on the [MSB web page](#).

Note: This is the first in a series of articles on the Medical Services Board and its role in Department policy. Look for additional information about the Medical Services Board in the coming months.

Public Rule Review Opportunities

Partners who are interested in a one-on-one discussion with Department staff about upcoming rules are invited to attend the Department's Public Rule Review Meeting. Information is available on the [Public Rule Review Meetings](#) web page. Reasonable accommodations for the meetings are provided upon request for persons with disabilities.

If you would like more information, or to be added to the Medical Services Board email distribution list, please contact [Judi Carey](#).

Disability Rights Notice

The Colorado Department of Health Care Policy and Financing does not discriminate against any person on the basis of disability in its programs, services, and activities. To meet the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 ("ADA"), the Department adopted operating procedure [ADA001 Disability Rights Policy and Grievance Procedure](#). More information including a copy of this policy is available on the Department's [website](#). For further information or to file a discrimination complaint contact:

504/ADA Coordinator

Health Care Policy & Financing

1570 Grant Street

Denver, Colorado 80203

Telephone: 303-866-6010

FAX: 303-866-2828

State Relay: 711

Email: hcpf504ada@state.co.us

Employment Opportunities

Applying for state government jobs is easy. Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the minimum qualifications. Check out the [website](#) for State of Colorado jobs including the Department of Health Care Policy and Financing jobs.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time. The Department is a tobacco-free campus.



Enrollment

In January 2015, there were 1,172,532 Coloradans enrolled in Medicaid and 52,640 Coloradans enrolled in CHP+.

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